

STATEMENT OF INTERESTS

FLECTION

INSTRUCTIONS: This form must be used to report all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §8-50-501, et seq.) Disclosure statements must be filed annually by January 31 by officeholders, no later than thirty (30) days following the qualifying deadline for candidates and within thirty (30) days from the date of appointment for appointees. Amended disclosure must be filed whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

Individuals holding or seeking state offices specified in T.C.A. §8-50-501 must file their disclosure statements with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1614, Nashville, TN 37243-1360 (phone 615-741-7959). Individuals holding or seeking elected city or county office must file their reports with the county election commission.

Officeholders may complete items 1- 4 and skip to item 14 if there has been no change in condition since the previous report. The disclosure statement must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please type or print all information in black ink.

1. DATE OF DISCLOSURE	2. NAME OF OFFICIAL OR CANDIDATE	
1-10-04	VINCE DEAN	
3. ADDRESS AND PHONE	Street or Rural Route City, State Zip code Phone	
1633 (1 Shr Ross Rd EAST Ridge, TN 37412 (43)867-2857		
4. TITLE OF OFFICE HELD OR SOUGHT (Include district number , if applicable)		
Sast Riche City Council		
5. SOURCES OF INCOME: Lis minor children residing with you. salaried employments. No dolla City of Chatla	arMC 5	
business organization in excess corporation or organization must amount of the control of the co		
spouse or minor children residing	n, firm or organization for whom compensated lobbying is done by any associate, your gwith you. Also, list any firm in which you, your spouse or minor children residing with you pensated lobbying is done. Explain the terms of any such employment and the measures	
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8. PROFESSIONAL SERVICES services, such as those of an att	5: List in general terms (by areas of the client's interests) the entities to which professional torney, accountant or architect, are furnished by you or your spouse.	
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2 F. J.		

	General Assembly only): List the amount and source (by name) of any aying the expenses necessarily related to the adequate performance of
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promoting or opposing, influencing or attempting	receive from any person, firm or organization who is in the practice of g to influence directly or indirectly, the passage or defeat of any legislate legislative committees or the members thereof.
11. BANKRUPTCY: List any adjudication of ba five (5) years of the date of this report.	nkruptcy or discharge received in any United States district court within
made in the previous calendar year to you, your closed on this report if they are: (1) From your immediate family (spouse, pare (2) From a federally insured financial institution business of making loans. The loan must assures repayment, evidenced by a writte (3) Secured by a recorded security interest in made on a basis which assures repaym amortization schedule. (4) From a partnership in which you have at least	on or made in accordance with existing law in the ordinary course of doing bear the usual and customary rate of interest, be made on a basis which instrument and subject to a due date or amortization schedule. collateral, bearing the usual and customary interest rate of the lender and ent, evidenced by a written instrument and subject to a due date and east ten percent (10%) partnership interest. The percent (50%) of the outstanding voting shares are owned by you or by
13. ADDITIONAL INFORMATION: List any add	itional information you wish to disclose
13. ADDITIONAL IN CHIMATION. List any add	nonal information you wish to disclose.
14. OPTION AVAILABLE TO OFFICEHOLDERS	ONLY (Check if applicable):
There has been no change in condition	ons since my previous report.
15. TO BE SIGNED BY REPORTING OFFICIAL	OR CANDIDATE (must be attested to by witness)
	I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report of all matters that I am required to disclose by the Conflict of Interest Disclosure Act.
	Signature of Official or Candidate Date
	I, the undersigned, do hereby witness the above signature which was signed in my presence.
	Billy H Doan 1-10-04
	Signature of Witness Date